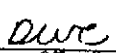


# EXHIBIT A

**COPY**

B10 (Official Form 10) (12/07)

<b>UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>Circuit City Stores West Coast, Inc</b>		Case Number: <b>08-35654</b> jointly under <b>08-35653</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>NEVADA DEPARTMENT OF TAXATION</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: (if known)  Filed on:
Name and address where notices should be sent: <b>NEVADA DEPARTMENT OF TAXATION</b> Attn: Bankruptcy Section 555 E Washington Ave #1300 Las Vegas, NV 89101 Telephone number: (702) 486-2347		
Name and address where payments should be sent (if different from above): <b>NEVADA DEPARTMENT OF TAXATION</b> Attn: Bankruptcy Section 555 E Washington Ave #1300 Las Vegas, NV 89101 Telephone number: (702) 486-2347		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: <b>\$11,097.77</b>  If all or part of your claim is secured, complete item 4 below, however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if claim included interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim.  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).  <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).  <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).  Amount entitled to priority:  <b>\$10,114.23</b>  <small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
2. Basis for Claim: <b>UNPAID TAX</b>		
3. Last four digits of any number by which creditor identifies debtor: <b>XX-XXX0785</b> 3a. Debtor may have scheduled account as:		
4. Secured Claim  Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicles <input type="checkbox"/> Other Describe:  Value of Property: \$ (SEE SCHEDULES) Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____  Amount of Secured Claim: _____ Amount Unsecured: <b>\$983.54</b>		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase order, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary.  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:		
Date: <b>12/05/08</b>  Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  <div style="text-align: center;">                       _____                      David Willcox, Revenue Officer II for Pam Taylor, Tax Administrator III                 </div>		FOR COURT USE ONLY <b>RECEIVED</b>  <b>DEC 08 2008</b>  <b>MURTZMAN CARSON CONSULTANTS</b>

David Willcox, Revenue Officer I

CERTIFICATE OF SERVICE

I hereby certify that I am an employee of the Office of the Department of Taxation, State of Nevada, and that on the 5th day of December, 2008, I deposited for mailing a true and correct copy of the foregoing PROOF OF CLAIM with the U.S. Postal Service, postage prepaid, to the following:

Circuit City Claims Processing  
c/o Kurtzman Carson Consultants LLC  
2335 Alaska Avenue  
El Segundo, CA 90245

Skadden, Arps, Slate, Meagher & Flom, LLP  
One Rodney Square  
PO Box 636  
Wilmington, DE 19899-0636

McGuireWoods LLP  
One James Center  
901 E Cary Street  
Richmond, VA 23219

Circuit City Stores Inc  
9950 Mayland Drive  
Richomond, VA 23233

DWC  
David Willcox,  
An Employee of the State of Nevada  
Department of Taxation

# EXHIBIT B

NEVADA DEPARTMENT OF TAXATION

**MODIFIED BUSINESS TAX RETURN  
GENERAL BUSINESS**

Mail Original To: NEVADA DEPARTMENT OF TAXATION  
PO BOX 52674  
PHOENIX AZ 85072-2674

M

CIRCUIT CITY STORES WEST COAST  
PO BOX 42304  
RICHMOND VA 232422304

LICENSE NO: 020-TX-1000594378

FOR DEPARTMENT USE ONLY

PERIOD ENDING: 06/30/2006

DUE BY: 07/31/2006

IF POSTMARKED AFTER DUE DATE,  
PENALTY AND INTEREST WILL APPLY  
If the address as shown is incorrect, please make any  
corrections before mailing the return. Use the space on  
the left for these corrections.

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER \$  
(Same amount as on Line 3 of ESD Form NUCS 4072)

00156298038

2. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH  
BENEFITS PLAN \$

00014903372

3. Line 1 minus Line 2

3. 1,413,946.66

4. Offset Carried Forward from Previous Quarter

4. —

5. Line 3 minus Line 4

5. 1,413,946.66

6. TAXABLE WAGES (If line 5 is greater than zero enter amount here,  
if less than zero enter on Line 15)

6. 1,413,946.66

7. CALCULATED TAX (.63 % or .0063 x Line 6)

7. 8,907.86

8. CREDITS (Overpayments as determined by the Department)

8. —

9. NET TAX DUE (Line 7 minus Line 8)

9. 8,907.86

10. PENALTY (10%) of Net Tax Due (Line 9 x 0.10)

10. —

11. INTEREST (1%) of Net Tax Due (Line 9 x 0.01 x each month past due)  
See instructions on reverse side

11. —

12. PREVIOUS DEBITS (Outstanding liabilities)

12. —

13. TOTAL AMOUNT DUE (Line 9 + Line 10 + Line 11 + Line 12)

\$ 00000890786

14. AMOUNT PAID

\$ 00000890786

15. CARRY FORWARD (If Line 5 is less than zero (0) enter  
amt. here. This Offset will be carried forward for next quarter)

MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

Signature <i>David B. Reed</i>	Phone Number 704 1646-1554	Date 7/19/06
Title Payroll Tax Analyst	FEIN of Business Named Above	

I hereby certify that this return,  
including any accompanying  
schedule and statements, has been  
examined by me and to the best of  
my knowledge and belief is a true,  
correct and complete return.  
THIS RETURN MUST BE SIGNED



TXR-020.01  
MODIFIED BUSINESS TAX RETURN-GENERAL  
Revised 07/01/04

**Primary Info: CIRCUIT CITY STORES WEST COAST**

Entity ID:  
TID: 1000594378  
Entity Status: Active Entity  
Entity Type: Business

Address: 9950 MAYLAND DR  
RICHMOND, VA 23233-1463 USA

**Transaction Summary**

Transaction Information

Account Type: ESD Wage  
Filing Entity: No  
Period End Dt: 06/30/2006  
Transaction ID: 11743343  
Transaction Type: 1001  
Transaction Status: Active Transaction  
Transaction Activity: Active  
Source Trans ID: 01  
Source Unique ID: No Data Available  
External Trans ID: No Data Available  
External Period ID: No Data Available  
External Lid ID: No Data Available

Form Type: ESD Wages Return 2006  
Form Year: 2006  
Form Version: 1  
Assessment Number: 0  
Received Date: No Data Available  
Posted Date: 06/30/2006  
Effective Date: 06/30/2006  
Other Date: No Data Available  
Amendment Code: No Data Available  
Preparer FEIN: No Data Available  
Preparer SSN: No Data Available

Transaction Financial Information

Transaction Financial Information

Tax: \$0.00  
Collection: \$0.00  
Credit Withholding: \$0.00  
Fee: \$0.00  
Miscellaneous: \$1,805,511.71

Credits:

Credit Amt 1: \$0.00  
Credit Amt 2: \$0.00  
Credit Amt 3: \$0.00

Penalty Amt 1: \$0.00  
Penalty Amt 2: \$0.00  
Penalty Amt 3: \$0.00  
Penalty Amt 4: \$0.00  
Penalty Amt 5: \$0.00

Interest:

Interest Amt 1: \$0.00  
Interest Amt 2: \$0.00  
Interest Amt 3: \$0.00

Penalties:

Penalty Amt 6: \$0.00  
Penalty Amt 7: \$0.00  
Penalty Amt 8: \$0.00  
Penalty Amt 9: \$0.00  
Penalty Amt 10: \$0.00



JIM GIBBONS  
Governor

THOMAS R. SHEETS  
Chair, Nevada Tax Commission  
DINO DICIANNO  
Executive Director

STATE OF NEVADA  
DEPARTMENT OF TAXATION

Web Site: <http://tax.state.nv.us>  
1550 College Parkway, Suite 115  
Carson City, Nevada, 89706-7937  
Phone: (775) 684-2000 Fax (775) 684-2020

LAS VEGAS OFFICE  
Grant Sawyer Office Bldg, Suite 1300  
555 E. Washington Avenue  
Las Vegas, Nevada, 89101  
Phone: (702) 486-2300 Fax (702) 486-2373

RENO OFFICE  
4600 Kietzke Lane  
Building L, Suite 235  
Reno, Nevada, 89502  
Phone: (775) 686-1285 Fax (775) 686-1303

HENDERSON OFFICE  
2550 Pecos Verde Parkway, Suite 180  
Henderson, Nevada, 89074  
Phone: (702) 486-2300 Fax (702) 486-3377

**MAILED**

OCT 27 2008

CIRCUIT CITY STORES WEST COAS  
PO BOX 6170  
PEABODY MA 01961-6170

Signature

Taxpayer ID: 1000594378  
Correspondence ID: 0800003157518  
Tax Type: MBT  
Period Ending: 06/30/2008  
Liability No.: 200600338337

Notice Number: 08001172035  
Date Issued: 10/27/2008

REFER TO THIS NUMBER ON ANY CONTACT WITH DEPT

Explanation

1. A deficiency determination has been made pursuant to NRS 360.300 through 360.400 based on wage information reported to the Employment Security Division (ESD). The Department of Taxation either has no record of receiving tax returns for the periods indicated or the gross wages reported do not match the gross wages reported to ESD for the periods indicated.
2. Prior to contacting the Department please match wages reported on your ESD return, NUCS form 4072 to the wages reported on the MBT return for the quarter referenced above. The differences in reported amounts represent the amount of this billing.
3. If you filed an amended or corrected ESD return or were audited by ESD this billing could represent those adjusted amounts. Please check your records.
4. If you did not file an MBT return for this quarter and you had a Health Care deduction to claim, you must file an MBT return. Please be sure to include the correct wages on the tax return; then this billing will be canceled and the return posted for this period.
- 5.
- 6.

The amount owed is due immediately.

The reverse side of this notice shows your return as filed and calculated.

Please retain this notice for your records. For inquiries regarding this notice, contact the Nevada Department of Taxation.

Summary of Amount Due

Total tax amount	1,527.95
Total Credits and timely payments	.00
Total late payments	.00
Current - Tax balance	1,527.95
Penalty Balance	152.80
Interest balance through 11/30/2008	427.83
Amount you owe - Due upon receipt	2,108.58
Amount due if paid by 12/31/2008	2,123.86

Please return this portion with your payment

Billing Notice  
Notice Number: 08001172035  
Notice Date: 10/27/2008

Return to:

State of Nevada AR Payments  
P. O. Box 52685  
Phoenix, AZ, 85072

Amount Due 2,108.58  
no later than 11/30/2008

Amount Paid:

Invalid address?

if so, check box ☐  
(please provide new address on back)

Department Use Only			

If you have made payment for this period listed at the top within 10 days, please disregard this notice.

2000000080011720350000000210858100



# EXHIBIT C

Print Form

NEVADA DEPARTMENT OF TAXATION

MODIFIED BUSINESS TAX RETURN  
GENERAL BUSINESS

Mail Original To: NEVADA DEPARTMENT OF TAXATION  
PO BOX 52674  
PHOENIX AZ 85072-2674

Circuit City Stores West Coast  
PO Box 42304  
Richmond, VA 23242-2304

TID No:020-TX-

1000594378

FOR DEPARTMENT USE ONLY

Ending

09/30/08

Due on or before

11/03/08

Date paid

10/31/2008

IF POSTMARKED AFTER DUE DATE,  
PENALTY AND INTEREST WILL APPLY

If the address as shown is incorrect, please make any  
corrections before mailing the return. Use the space on  
the left for these corrections

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS  
QUARTER (Same amount as on Line 3 of ESD Form NUCS 4072)
2. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH  
BENEFITS PLAN
- 3 Line 1 minus Line 2
4. Offset Carried Forward from Previous Quarter
5. Line 3 minus Line 4
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here,  
If less than zero enter on Line 15)
7. CALCULATED TAX (0.63% or 0.0063 x Line 6)
8. CREDITS (Overpayments as determined by the Department)
9. NET TAX DUE (Line 7 minus Line 8)
10. PENALTY (LINE 9 x 0%)
11. INTEREST (LINE 9 x 1% x 0 MONTHS PAST DUE)
12. PREVIOUS DEBITS (Outstanding liabilities)
13. TOTAL AMOUNT DUE (Line 9 + Line 10 + Line 11 + Line 12)
14. AMOUNT PAID
- 15 CARRY FORWARD (If Line 5 is less than zero (0) enter  
amt. here. This Offset will be carried forward for the next quarter)

1.	1,213,874.90
2.	
3.	1,213,874.90
4.	
5.	1,213,874.90
6.	1,213,874.90
7.	7,647.41
8.	
9.	7,647.41
10.	
11.	
12.	
13.	7,647.41
14.	7,647.41

MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

Signature <i>Bene Williams</i>	Phone Number 704-646-2095	Date 10/31/2008	I hereby certify that this return, including any accompanying schedule and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return THIS RETURN MUST BE SIGNED
Title Payroll Tax Analyst	FEIN of Business Named Above		



TXR-020 01

MODIFIED BUSINESS TAX RETURN-GENERAL  
Revised 02/01/08

**CIRCUIT  
CITY®**

CIRCUIT CITY STORES, INC. (SU)  
9950 MAYLAND DRIVE  
RICHMOND, VA 23233  
(804) 418-8148  
VENDOR NUMBER: 0001005877

SUNTRUST BANK  
ATLANTA, GEORGIA

64-79  
611

CHECK NUMBER

0004571839

PAY Seven thousand six hundred forty seven and 41/100 Dollars

PAY EXACTLY

\*\*\*\*\*\$7,647.41

TO THE NEVADA DEPT OF TAXATION  
ORDER PO BOX 52635  
OF PHOENIX, AZ 85072

DATE: 10/28/08

VOID IF OVER 90 DAYS

CDA NUMBER 8800606660

*BLI*

VOID IF OVER \$200,000.00

⑈004571839⑈ ⑆061100790⑆ 8800606660⑈

NEVADA DEPT OF TAXATION

RETURNED CHECK COLLECTION

TID #

1000594378

Requested By

MELISSA POTTER

Date: 12/3/08	Batch No.: 08LST23745014
Amount of Returned Check: \$7647.41	DBA: CIRCUIT CITY
Reason As Stated By Bank: REFER TO IMAGE	Location: 3778 S MARYLAND PKWY LAS VEGAS NV 89119
Debit Memo Date: 11/20/08	No.: D-593423

Payment For:

<input type="checkbox"/> Bond	<input type="checkbox"/> Permit Fee	<input type="checkbox"/> P&I Only	<input type="checkbox"/> _____ Taxes
<input type="checkbox"/> Audit	<input checked="" type="checkbox"/> Other, Please Explain: MBT		
<input type="checkbox"/> Partial	<input type="checkbox"/> Combined With Account: _____		

Breakdown:

9/08 MBT	\$7647.41	Collection Information	Amount
BK		Tax:	
		Penalty & Interest:	
		Bond:	
		Fee:	
		Audit:	
		Other:	
		Total Collected:	

Remarks:

Elmer Sitts 12/3/08 mp

Received from the Department of Taxation

Replaced with cashier's check

\*111000038\*  
11/20/2008  
6514578007

This is a LEGAL COPY of  
your check. You can use it  
the same way you would  
use the original check.

RETURN REASON-X  
REFER TO IMAGE

00610001463 11/19/2008  
00601612999A

LBTX081117A

3778 S Maryland Pkwy  
LV NV 89119

CIRCUIT CITY

TO THE NEVADA DEPT OF TAXATION  
ORDER PO BOX 5200  
OF PHOENIX AZ 85072

DATE 10/08/08

08LST23745014

9/08 MBT 11/17/08

1000594378

0000764741

4:06 1 100 790:

0011

0000764741

111000038  
1120000  
FM-415 IM-414 PM-12  
02-200-30

1710806007  
11192008  
0610-0014-6  
001-5978 TR

WITH A PHOTOGRAPH OF A CHECK IS BEING  
RETAINED IN LIEU OF THE ORIGINAL ITEM  
LOST IN THE PROCESS OF BEING RETURNED.  
11/18/2008  
960525719  
SUNTILIST FL RETURNS DEPARTMENT

966627950900  
9002/67/71E287EE7

[illegible]

**↓ Do not endorse or write below this line. ↓**

2009254159  
9002/02/11 \*950000111\*  
4540904159  
9002/02/11 941000190  
4695601199  
9002/61/11 941000190  
966621910900  
9002/61/11 941000190

\*1110000036\*  
11/20/2008  
6514578007

This is a LEGAL COPY of  
your check. You can use it  
the same way you would  
use the original check.

RETURN REASON - X  
REFER TO IMAGE

157X081117A

866621910900  
8002/61/11 [9h1000190]

3778 Maryland Drive  
CIRCUIT  
CITY  
LV NV89119

THE CREDIT UNION  
MEMBERS ONLY  
2001 144148  
CREDIT UNION

0004871439

0004871439

PAY To the order of the member's bank account and all other banks

TO THE NEVADA DEPT OF TAXATION  
ORDER PO BOX 3333  
OF PHOENIX AZ 85002

DATE 10/20/08

MEMBER'S ACCOUNT

0004871439

0004871439 0004871439 0004871439

0004871439

0004871439

0004871439

0004871439

0004871439


0004871439

0004871439

0004871439

**EXHIBIT D**

B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA		PROOF OF CLAIM
Name of Debtor: <b>Circuit City Stores West Coast, Inc</b>	Case Number: <b>08-35654 jointly under 08-35653</b>	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>NEVADA DEPARTMENT OF TAXATION</b>  Name and address where notices should be sent: <b>NEVADA DEPARTMENT OF TAXATION</b> Attn: Bankruptcy Section 555 E Washington Ave #1300 Las Vegas, NV 89101 Telephone number: (702) 486-2347	<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: 1535 (if known)  Filed on: 12/10/08	
Name and address where payments should be sent (if different from above): <b>NEVADA DEPARTMENT OF TAXATION</b> Attn: Bankruptcy Section 555 E Washington Ave #1300 Las Vegas, NV 89101 Telephone number: (702) 486-2347	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim as of Date Case Filed: <u>\$6,194.57</u>  If all or part of your claim is secured, complete item 4 below, however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if claim included interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.	5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim.  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).  <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).  <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).  Amount entitled to priority:  <u>\$6,194.57</u>	
2. Basis for Claim: UNPAID TAX  3. Last four digits of any number by which creditor identifies debtor: <u>XX-XXX0785</u> 3a. Debtor may have scheduled account as:	6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase order, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary.  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:	
4. Secured Claim  Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicles <input type="checkbox"/> Other Describe:  Value of Property: \$ (SEE SCHEDULES) Annual Interest Rate _____ %  Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____  Amount of Secured Claim: _____ Amount Unsecured: <u>\$0.00</u>	*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
Date: <u>08/13/09</u>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  <div style="text-align: center;">                       _____                      David Willcox, Revenue Officer II for Patti Taylor, Tax Administrator III                 </div>	

RECEIVED  
 AUG 17 2009

KURTZMAN CARSON CONSULTANTS



David Wilcox, Revenue Officer II

CERTIFICATE OF SERVICE

I hereby certify that I am an employee of the Office of the Department of Taxation, State of Nevada, and that on the 13th day of August, 2009, I deposited for mailing a true and correct copy of the foregoing AMENDED PROOF OF CLAIM with the U.S. Postal Service, postage prepaid, to the following:

Circuit City Claims Processing Center  
c/o Kurtzman Carson Consultants LLC  
2335 Alaska Avenue  
El Segundo, CA 90245

DWC  
David Willcox,  
An Employee of the State of Nevada  
Department of Taxation

Print Form

NEVADA DEPARTMENT OF TAXATION

**MODIFIED BUSINESS TAX RETURN  
GENERAL BUSINESS**

Mail Original To: NEVADA DEPARTMENT OF TAXATION  
PO BOX 52674  
PHOENIX AZ 85072-2674

Circuit City Stores West Coast  
PO Box 42304  
Richmond, VA 23242-2304

TID No:020-TX-

4378

FOR DEPARTMENT USE ONLY

Ending 03/31/07

Due on or before 04/30/07

Date paid

**IF POSTMARKED AFTER DUE DATE,  
PENALTY AND INTEREST WILL APPLY**

If the address as shown is incorrect, please make any  
corrections before mailing the return. Use the space on  
the left for these corrections

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS  
QUARTER (Same amount as on Line 3 of ESD Form NUCS 4072)
2. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH  
BENEFITS PLAN
3. Line 1 minus Line 2
4. Offset Carried Forward from Previous Quarter
5. Line 3 minus Line 4
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here,  
if less than zero enter on Line 15)
7. CALCULATED TAX (0.63% or 0.0063 x Line 6)
8. CREDITS (Overpayments as determined by the Department)
9. NET TAX DUE (Line 7 minus Line 8)
10. PENALTY (LINE 9 x 0%)
11. INTEREST (LINE 9 x 1% x 0 MONTHS PAST DUE)
12. PREVIOUS DEBITS (Outstanding liabilities)
13. TOTAL AMOUNT DUE (Line 9 + Line 10 + Line 11 + Line 12)
14. AMOUNT PAID
15. CARRY FORWARD (If Line 5 is less than zero (0) enter  
amt. here. This Offset will be carried forward for the next quarter)

1.	2,090,821.59
2.	115,865.46
3.	1,974,956.13
4.	
5.	1,974,956.13
6.	1,974,956.13
7.	12,442.22
8.	
9.	12,442.22
10.	
11.	
12.	
13.	12,442.22
14.	

**MAKE CHECK PAYABLE TO NEVADA DEPT. OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS**

Signature <i>Dee M. Williams</i>	Phone Number 704-846-2095	Date 02/02/2009	I hereby certify that this return, including any accompanying schedule and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. THIS RETURN MUST BE SIGNED
Title Payroll Tax Analyst	FEIN of Business Named Above 1		



**NEVADA DEPARTMENT OF TAXATION**  
**MODIFIED BUSINESS TAX RETURN**  
**GENERAL BUSINESS**

Mail Original To: NEVADA DEPARTMENT OF TAXATION  
PO BOX 52674  
PHOENIX AZ 85072-2674

CIRCUIT CITY STORES WEST COAST  
PO BOX 42304  
RICHMOND, VA 232422304

Print Form

TID No:020-TX-

1000594378

FOR DEPARTMENT USE ONLY

pm 7/31/07

Ending 03/31/07

Due on or before 04/30/07

Date paid 07/17/07

**IF POSTMARKED AFTER DUE DATE,  
PENALTY AND INTEREST WILL APPLY**

If the address as shown is incorrect, please make any  
corrections before mailing the return. Use the space on  
the left for these corrections.

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS  
QUARTER (Same amount as on Line 3 of ESD Form NUCS 4072)
2. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH  
BENEFITS PLAN
3. Line 1 minus Line 2
4. Offset Carried Forward from Previous Quarter
5. Line 3 minus Line 4
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here,  
if less than zero enter on Line 15)
7. CALCULATED TAX (0.63% or 0.0063 x Line 6)
8. CREDITS (Overpayments as determined by the Department)
9. NET TAX DUE (Line 7 minus Line 8)
10. PENALTY (LINE 9 x 10%)
11. INTEREST (LINE 9 x 1% x 3 MONTHS PAST DUE)
12. PREVIOUS DEBITS (Outstanding liabilities)
13. TOTAL AMOUNT DUE (Line 9 + Line 10 + Line 11 + Line 12)
14. AMOUNT PAID
15. CARRY FORWARD (If Line 5 is less than zero (0) enter  
amt. here. This Offset will be carried forward for the next quarter)

1.	2,090,821.59
2.	0.00
3.	2,090,821.59
4.	0.00
5.	2,090,821.59
6.	2,090,821.59
7.	13,172.18
8.	0.00
9.	13,172.18
10.	1,317.22
11.	395.17
12.	0.00
13.	14,884.56
14.	14,884.56

0.00

**MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS**

Signature <i>Saturn A. Nicholas</i>	Phone Number 704-646-2044	Date 7/20/07	I hereby certify that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. THIS RETURN MUST BE SIGNED
Title <i>Payroll Tax Manager</i>	FFIN of Business Attested Above		



Print Form

NEVADA DEPARTMENT OF TAXATION

**MODIFIED BUSINESS TAX RETURN  
GENERAL BUSINESS**

Mail Original To: NEVADA DEPARTMENT OF TAXATION  
PO BOX 52674  
PHOENIX AZ 85072-2674

Circuit City Stores West Coast  
PO Box 42304  
Richmond, VA 23242-2304

TID No:020-TX-

4378

FOR DEPARTMENT USE ONLY

Ending 06/30/07

Due on or before 07/31/07

Date paid

**IF POSTMARKED AFTER DUE DATE,  
PENALTY AND INTEREST WILL APPLY**

If the address as shown is incorrect, please make any  
corrections before mailing the return. Use the space on  
the left for these corrections.

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS  
QUARTER (Same amount as on Line 3 of ESD Form NUCS 4072)
2. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH  
BENEFITS PLAN
3. Line 1 minus Line 2
4. Offset Carried Forward from Previous Quarter
5. Line 3 minus Line 4
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here,  
if less than zero enter on Line 15)
7. CALCULATED TAX (0.63% or 0.0063 x Line 6)
8. CREDITS (Overpayments as determined by the Department)
9. NET TAX DUE (Line 7 minus Line 8)
10. PENALTY (LINE 9 x 0%)
11. INTEREST (LINE 9 x 1% x 0 MONTHS PAST DUE)
12. PREVIOUS DEBITS (Outstanding liabilities)
13. TOTAL AMOUNT DUE (Line 9 + Line 10 + Line 11 + Line 12)
14. AMOUNT PAID

1.	2,051,094.05
2.	140,620.47
3.	1,910,473.58
4.	
5.	1,910,473.58
6.	1,910,473.58
7.	12,035.98
8.	
9.	12,035.98
10.	
11.	
12.	
13.	12,035.98
14.	

15. CARRY FORWARD (If Line 5 is less than zero (0) enter  
amt. here. This Offset will be carried forward for the next quarter)

**MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS**

Signature <i>Spence M. Williams</i>	Phone Number 704-646-2095	Date 02/02/2009	I hereby certify that this return, including any accompanying schedule and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return <b>THIS RETURN MUST BE SIGNED</b>
Title Payroll Tax Analyst	FEIN of Business Named Above		



NEVADA DEPARTMENT OF TAXATION

**MODIFIED BUSINESS TAX RETURN  
GENERAL BUSINESS**

Mail Original To: NEVADA DEPARTMENT OF TAXATION  
PO BOX 52674  
PHOENIX AZ 85072-2674

CIRCUIT CITY STORES WEST COAST  
PO BOX 42304  
RICHMOND, VA 232422304

Print Form

TID No:020-TX-

1000594378

FOR DEPARTMENT USE ONLY

Ending 06/30/07

Due on or before 07/31/07

Date paid 07/17/07

**IF POSTMARKED AFTER DUE DATE,  
PENALTY AND INTEREST WILL APPLY**

If the address as shown is incorrect, please make any  
corrections before mailing the return. Use the space on  
the left for these corrections.

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS  
QUARTER (Same amount as on Line 3 of ESD Form NUCS 4072)
2. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH  
BENEFITS PLAN
3. Line 1 minus Line 2
4. Offset Carried Forward from Previous Quarter
5. Line 3 minus Line 4
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here,  
if less than zero enter on Line 15)
7. CALCULATED TAX (0.63% or 0.0063 x Line 6)
8. CREDITS (Overpayments as determined by the Department)
9. NET TAX DUE (Line 7 minus Line 8)
10. PENALTY (LINE 9 x 0%)
11. INTEREST (LINE 9 x 1% x 0 MONTHS PAST DUE)
12. PREVIOUS DEBITS (Outstanding liabilities)
13. TOTAL AMOUNT DUE (Line 9 + Line 10 + Line 11 + Line 12)
14. AMOUNT PAID
15. CARRY FORWARD (If Line 5 is less than zero (0) enter  
amt. here. This Offset will be carried forward for the next quarter)

1.	2,051,094.05
2.	0.00
3.	2,051,094.05
4.	0.00
5.	2,051,094.05
6.	2,051,094.05
7.	12,921.89
8.	0.00
9.	12,921.89
10.	0.00
11.	0.00
12.	0.00
13.	12,921.89
14.	12,921.89

0.00

**MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS**

Signature <i>Patricia J. Williams</i>	Phone Number 704-646-2044	Date 7/20/07	I hereby certify that this return, including any accompanying schedule and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. THIS RETURN MUST BE SIGNED
Title <i>Payroll Tax Manager</i>	FEIN of Business Named Above		



Print Form

NEVADA DEPARTMENT OF TAXATION

**MODIFIED BUSINESS TAX RETURN  
GENERAL BUSINESS**

Mail Original To: NEVADA DEPARTMENT OF TAXATION  
PO BOX 52674  
PHOENIX AZ 85072-2674

Circuit City Stores West Coast  
PO Box 42304  
Richmond, VA 23242-2304

TID No-020-TX-

4378

FOR DEPARTMENT USE ONLY

Ending 09/30/07

Due on or before 10/31/07

Date paid

**IF POSTMARKED AFTER DUE DATE,  
PENALTY AND INTEREST WILL APPLY**

If the address as shown is incorrect, please make any  
corrections before mailing the return. Use the space on  
the left for these corrections.

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS  
QUARTER (Same amount as on Line 3 of ESD Form NUCS 4072)
2. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH  
BENEFITS PLAN
3. Line 1 minus Line 2
4. Offset Carried Forward from Previous Quarter
5. Line 3 minus Line 4
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here,  
if less than zero enter on Line 15)
7. CALCULATED TAX (0.63% or 0.0063 x Line 6)
8. CREDITS (Overpayments as determined by the Department)
9. NET TAX DUE (Line 7 minus Line 8)
10. PENALTY (LINE 9 x 0%)
11. INTEREST (LINE 9 x 1% x 0 MONTHS PAST DUE)
12. PREVIOUS DEBITS (Outstanding liabilities)
13. TOTAL AMOUNT DUE (Line 9 + Line 10 + Line 11 + Line 12)
14. AMOUNT PAID
15. CARRY FORWARD (If Line 5 is less than zero (0) enter  
amt. here. This Offset will be carried forward for the next quarter)

1.	1,407,595.64
2.	115,153.18
3.	1,292,442.46
4.	
5.	1,292,442.46
6.	1,292,442.46
7.	8,142.39
8.	
9.	8,142.39
10.	
11.	
12.	
13.	8,142.39
14.	

**MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS**

Signature <i>Lyne M Williams</i>	Phone Number 704-646-2095	Date 02/02/2009
Title Payroll Tax Analyst	FEIN of Business Named Above	

I hereby certify that the return,  
including any accompanying  
schedule and statements, has been  
examined by me and to the best of  
my knowledge and belief is a true,  
correct and complete return. **THIS  
RETURN MUST BE SIGNED**



NEVADA DEPARTMENT OF TAXATION

**MODIFIED BUSINESS TAX RETURN  
GENERAL BUSINESS**

Mail Original To: NEVADA DEPARTMENT OF TAXATION  
PO BOX 52674  
PHOENIX AZ 85072-2674

Circuit City Stores West Coast  
PO Box 42304  
Richmond, VA 23242-2304

Print Form

TID No:020-TX-

1000594378

FOR DEPARTMENT USE ONLY

Ending

09/30/07

Due on or before

10/31/07

Date paid

10/23/07

**IF POSTMARKED AFTER DUE DATE,  
PENALTY AND INTEREST WILL APPLY**

If the address as shown is incorrect, please make any  
corrections before mailing the return. Use the space on  
the left for these corrections.

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS  
QUARTER (Same amount as on Line 3 of ESD Form NUCS 4072)

2. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH  
BENEFITS PLAN

3. Line 1 minus Line 2

4. Offset Carried Forward from Previous Quarter

5. Line 3 minus Line 4

6. TAXABLE WAGES (If line 5 is greater than zero enter amount here,  
if less than zero enter on Line 15)

7. CALCULATED TAX (0.63% or 0.0063 x Line 6)

8. CREDITS (Overpayments as determined by the Department)

9. NET TAX DUE (Line 7 minus Line 8)

10. PENALTY (LINE 9 x 0%)

11. INTEREST (LINE 9 x 1% x 0 MONTHS PAST DUE)

12. PREVIOUS DEBITS (Outstanding liabilities)

13. TOTAL AMOUNT DUE (Line 9 + Line 10 + Line 11 + Line 12)

14. AMOUNT PAID

15. CARRY FORWARD (If Line 5 is less than zero (0) enter  
amt. here. This Offset will be carried forward for the next quarter)

1.	1,407,595.64
2.	0.00
3.	1,407,595.64
4.	0.00
5.	1,407,595.64
6.	1,407,595.64
7.	8,867.85
8.	0.00
9.	8,867.85
10.	0.00
11.	0.00
12.	0.00
13.	8,867.85
14.	

0.00

**MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS**

Signature

Title

Payroll Tax Manager

Phone Number

704-646-2044

Date

FEIN of Business Named Above

I hereby certify that this return,  
including any accompanying  
schedule and statements, has been  
examined by me and to the best of  
my knowledge and belief is a true  
correct and complete return. THIS  
RETURN MUST BE SIGNED



TXR-020 01

MODIFIED BUSINESS TAX RETURN-GI NI TAX  
Revised 4/10/



Print Form

NEVADA DEPARTMENT OF TAXATION

**MODIFIED BUSINESS TAX RETURN  
GENERAL BUSINESS**

Mail Original To: NEVADA DEPARTMENT OF TAXATION  
PO BOX 52674  
PHOENIX AZ 85072-2674

Circuit City Stores West Coast  
PO Box 42304  
Richmond, VA 23242-2304

TID No:020-TX-

4378

FOR DEPARTMENT USE ONLY

Ending 12/31/07

Due on or before 01/31/08

Date paid

**IF POSTMARKED AFTER DUE DATE,  
PENALTY AND INTEREST WILL APPLY**

If the address as shown is incorrect, please make any  
corrections before mailing the return. Use the space on  
the left for these corrections

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS  
QUARTER (Same amount as on Line 3 of ESD Form NUCS 4072)
2. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH  
BENEFITS PLAN
3. Line 1 minus Line 2
4. Offset Carried Forward from Previous Quarter
5. Line 3 minus Line 4
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here,  
if less than zero enter on Line 15)
7. CALCULATED TAX (0.63% or 0.0063 x Line 6)
8. CREDITS (Overpayments as determined by the Department)
9. NET TAX DUE (Line 7 minus Line 8)
10. PENALTY (LINE 9 x 0%)
11. INTEREST (LINE 9 x 1% x 0 MONTHS PAST DUE)
12. PREVIOUS DEBITS (Outstanding liabilities)
13. TOTAL AMOUNT DUE (Line 9 + Line 10 + Line 11 + Line 12)
14. AMOUNT PAID
15. CARRY FORWARD (If Line 5 is less than zero (0) enter  
amt. here This Offset will be carried forward for the next quarter)

1.	1,695,123.94
2.	72,528.12
3.	1,622,595.82
4.	
5.	1,622,595.82
6.	1,622,595.82
7.	10,222.35
8.	
9.	10,222.35
10.	
11.	
12.	
13.	10,222.35
14.	

**MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS**

Signature <i>Bene M. Williams</i>	Phone Number 704-646-2095	Date 02/02/2009
Title Payroll Tax Analyst	FEIN of Business Named Above	

I hereby certify that this return,  
including any accompanying  
schedule and statements, has been  
examined by me and to the best of  
my knowledge and belief is a true,  
correct and complete return THIS  
RETURN MUST BE SIGNED



**NEVADA DEPARTMENT OF TAXATION**

**MODIFIED BUSINESS TAX RETURN  
GENERAL BUSINESS**

Mail Original To: NEVADA DEPARTMENT OF TAXATION  
PO BOX 52674  
PHOENIX AZ 85072-2674

Circuit City Stores West Coast  
PO Box 42304  
Richmond, VA 23242-2304

Print Form

TID No:020-TX-

1000594378

FOR DEPARTMENT USE ONLY

Ending

12/31/07

Due on or before

01/31/08

Date paid

01/28/08

**IF POSTMARKED AFTER DUE DATE,  
PENALTY AND INTEREST WILL APPLY**

If the address as shown is incorrect, please make any  
corrections before mailing the return. Use the space on  
the left for these corrections.

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS  
QUARTER (Same amount as on Line 3 of ESD Form NUCS 4072)
2. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH  
BENEFITS PLAN
3. Line 1 minus Line 2
4. Offset Carried Forward from Previous Quarter
5. Line 3 minus Line 4
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here,  
if less than zero enter on Line 15)
7. CALCULATED TAX (0.63% or 0.0063 x Line 6)
8. CREDITS (Overpayments as determined by the Department)
9. NET TAX DUE (Line 7 minus Line 8)
10. PENALTY (LINE 9 x 0%)
11. INTEREST (LINE 9 x 1% x 0 MONTHS PAST DUE)
12. PREVIOUS DEBITS (Outstanding liabilities)
13. TOTAL AMOUNT DUE (Line 9 + Line 10 + Line 11 + Line 12)
14. AMOUNT PAID

1.	1,695,123.94
2.	0.00
3.	1,695,123.94
4.	0.00
5.	1,695,123.94
6.	1,695,123.94
7.	10,679.28
8.	0.00
9.	10,679.28
10.	0.00
11.	0.00
12.	0.00
13.	10,679.28
14.	

15. CARRY FORWARD (If Line 5 is less than zero (0) enter  
amt. here. This Offset will be carried forward for the next quarter)

0.00

10679.28

**MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS**

Signature <i>Patricia Williams</i>	Phone Number 704-646-2044	Date 01/28/08	I hereby certify that this return, including any accompanying schedule and statements has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. <b>THIS RETURN MUST BE SIGNED</b>
Title Payroll Tax Manager	FEIN of Business Named Above		



Pnnt Form

NEVADA DEPARTMENT OF TAXATION

**MODIFIED BUSINESS TAX RETURN  
GENERAL BUSINESS**

Mail Original To: NEVADA DEPARTMENT OF TAXATION  
PO BOX 52674  
PHOENIX AZ 85072-2674

Circuit City Stores West Coast  
PO Box 42304  
Richmond, VA 23242-2304

TID No:020-TX-

4378

FOR DEPARTMENT USE ONLY

Ending 03/31/08

Due on or before 04/30/08

Date paid

**IF POSTMARKED AFTER DUE DATE,  
PENALTY AND INTEREST WILL APPLY**

If the address as shown is incorrect, please make any  
corrections before mailing the return. Use the space on  
the left for these corrections

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS  
QUARTER (Same amount as on Line 3 of ESD Form NUCS 4072)
2. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH  
BENEFITS PLAN
3. Line 1 minus Line 2
4. Offset Carried Forward from Previous Quarter
5. Line 3 minus Line 4
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here,  
if less than zero enter on Line 15)
7. CALCULATED TAX (0.63% or 0.0063 x Line 6)
8. CREDITS (Overpayments as determined by the Department)
9. NET TAX DUE (Line 7 minus Line 8)
10. PENALTY (LINE 9 x 0%)
11. INTEREST (LINE 9 x 1% x 0 MONTHS PAST DUE)
12. PREVIOUS DEBITS (Outstanding liabilities)
13. TOTAL AMOUNT DUE (Line 9 + Line 10 + Line 11 + Line 12)
14. AMOUNT PAID

1.	1,399,682.92
2.	41,727.87
3.	1,357,955.05
4.	
5.	1,357,955.05
6.	1,357,955.05
7.	8,555.12
8.	
9.	8,555.12
10.	
11.	
12.	
13.	8,555.12
14.	

15. CARRY FORWARD (If Line 5 is less than zero (0) enter  
amt. here. This Offset will be carried forward for the next quarter)

**MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS**

Signature <i>Alex M. Williams</i>	Phone Number 704-646-2095	Date 02/02/2009
Title Payroll Tax Analyst	FEIN of Business Named Above	

I hereby certify that this return,  
including any accompanying  
schedule and statements has been  
examined by me and to the best of  
my knowledge and belief is a true,  
correct and complete return THIS  
RETURN MUST BE SIGNED

TXR-020 01

MODIFIED BUSINESS TAX RETURN-GENERAL  
Revised 02/01/08

Print Form

NEVADA DEPARTMENT OF TAXATION

**MODIFIED BUSINESS TAX RETURN  
GENERAL BUSINESS**

Mail Original To: NEVADA DEPARTMENT OF TAXATION  
PO BOX 52674  
PHOENIX AZ 85072-2674

Circuit City Stores West Coast  
PO Box 42304  
Richmond, VA 23242-2304

TID No:020-TX-

1000594378

FOR DEPARTMENT USE ONLY

Ending 03/31/08

Due on or before 04/30/08

Date paid 04/28/08

**IF POSTMARKED AFTER DUE DATE,  
PENALTY AND INTEREST WILL APPLY**

If the address as shown is incorrect, please make any  
corrections before mailing the return. Use the space on  
the left for these corrections

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS  
QUARTER (Same amount as on Line 3 of ESD Form NUCS 4072)
2. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH  
BENEFITS PLAN
3. Line 1 minus Line 2
4. Offset Carried Forward from Previous Quarter
5. Line 3 minus Line 4
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here,  
if less than zero enter on Line 15)
7. CALCULATED TAX (0.63% or 0.0063 x Line 6)
8. CREDITS (Overpayments as determined by the Department)
9. NET TAX DUE (Line 7 minus Line 8)
10. PENALTY (LINE 9 x 0%)
11. INTEREST (LINE 9 x 1% x 0 MONTHS PAST DUE)
12. PREVIOUS DEBITS (Outstanding liabilities)
13. TOTAL AMOUNT DUE (Line 9 + Line 10 + Line 11 + Line 12)
14. AMOUNT PAID

1.	1,399,682.92
2.	.00
3.	1,399,682.92
4.	.00
5.	1,399,682.92
6.	1,399,682.92
7.	8,818.00
8.	.00
9.	8,818.00
10.	
11.	
12.	.00
13.	8,818.00
14.	8,818.00

15. CARRY FORWARD (If Line 5 is less than zero (0) enter  
amt. here. This Offset will be carried forward for the next quarter)

**MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS**

Signature <i>Latha J. Velamuri</i>	Phone Number 704-646-2044	Date 04/28/08	I hereby certify that this return, including any accompanying schedule and statements, has been examined by me and to the best of my knowledge and belief is a true correct and complete return <b>THIS</b> <b>RETURN MUST BE SIGNED</b>
Title Payroll Tax Manager	FEIN of Business Named Above		



Print Form

NEVADA DEPARTMENT OF TAXATION

**MODIFIED BUSINESS TAX RETURN  
GENERAL BUSINESS**

Mail Original To: NEVADA DEPARTMENT OF TAXATION  
PO BOX 52674  
PHOENIX AZ 85072-2674

Circuit City Stores West Coast  
PO Box 42304  
Richmond, VA 23242-2304

TID No:020-TX-

4378

FOR DEPARTMENT USE ONLY

Ending 06/30/08

Due on or before 07/31/08

Date paid

**IF POSTMARKED AFTER DUE DATE,  
PENALTY AND INTEREST WILL APPLY**

If the address as shown is incorrect, please make any  
corrections before mailing the return. Use the space on  
the left for these corrections.

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS  
QUARTER (Same amount as on Line 3 of ESD Form NUCS 4072)
2. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH  
BENEFITS PLAN
3. Line 1 minus Line 2
4. Offset Carried Forward from Previous Quarter
5. Line 3 minus Line 4
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here,  
if less than zero enter on Line 15)
7. CALCULATED TAX (0.63% or 0.0063 x Line 6)
8. CREDITS (Overpayments as determined by the Department)
9. NET TAX DUE (Line 7 minus Line 8)
10. PENALTY (LINE 9 x 0%)
11. INTEREST (LINE 9 x 1% x 0 MONTHS PAST DUE)
12. PREVIOUS DEBITS (Outstanding liabilities)
13. TOTAL AMOUNT DUE (Line 9 + Line 10 + Line 11 + Line 12)
14. AMOUNT PAID

1.	1,468,972.16
2.	68,499.52
3.	1,400,472.64
4.	
5.	1,400,472.64
6.	1,400,472.64
7.	8,822.98
8.	
9.	8,822.98
10.	
11.	
12.	
13.	8,822.98
14.	

15. CARRY FORWARD (If Line 5 is less than zero (0) enter  
amt. here. This Offset will be carried forward for the next quarter)

**MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS**

Signature <i>Paul M. Williams</i>	Phone Number 704-646-2095	Date 02/02/2009
Title Payroll Tax Analyst	FEIN of Business Named Above	

I hereby certify that the return,  
including any accompanying  
schedule and statements, has been  
examined by me and to the best of  
my knowledge and belief is a true,  
correct and complete return. **THIS  
RETURN MUST BE SIGNED**



Print Form

NEVADA DEPARTMENT OF TAXATION

**MODIFIED BUSINESS TAX RETURN  
GENERAL BUSINESS**

Mail Original To: NEVADA DEPARTMENT OF TAXATION  
PO BOX 52674  
PHOENIX AZ 85072-2674

Circuit City Stores West Coast  
PO Box 42304  
Richmond, VA 23242-2304

TID No:020-TX-

1000594378

FOR DEPARTMENT USE ONLY

Ending

06/30/08

Due on or before

07/31/08

Date paid

07/30/08

**IF POSTMARKED AFTER DUE DATE,  
PENALTY AND INTEREST WILL APPLY**

If the address as shown is incorrect, please make any  
corrections before mailing the return. Use the space on  
the left for these corrections

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS  
QUARTER (Same amount as on Line 3 of ESD Form NUCS 4072)
2. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH  
BENEFITS PLAN
3. Line 1 minus Line 2
4. Offset Carried Forward from Previous Quarter
5. Line 3 minus Line 4
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here,  
if less than zero enter on Line 15)
7. CALCULATED TAX (0.63% or 0.0063 x Line 6)
8. CREDITS (Overpayments as determined by the Department)
9. NET TAX DUE (Line 7 minus Line 8)
10. PENALTY (LINE 9 x 0%)
11. INTEREST (LINE 9 x 1% x 0 MONTHS PAST DUE)
12. PREVIOUS DEBITS (Outstanding liabilities)
13. TOTAL AMOUNT DUE (Line 9 + Line 10 + Line 11 + Line 12)
14. AMOUNT PAID
15. CARRY FORWARD (If Line 5 is less than zero (0) enter  
amt. here. This Offset will be carried forward for the next quarter)

1.	1,468,972.16
2.	
3.	1,468,972.16
4.	
5.	1,468,972.16
6.	1,468,972.16
7.	9,254.52
8.	
9.	9,254.52
10.	
11.	
12.	
13.	9,254.52
14.	

**MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS**

Signature <i>Quinn M. Williams</i>	Phone Number 704-646-2095	Date 07/30/08	I hereby certify that this return, including any accompanying schedule and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. <b>THIS RETURN MUST BE SIGNED</b>
Title Payroll Tax Analyst	FEIN of Business Named Above		



Print Form

NEVADA DEPARTMENT OF TAXATION

**MODIFIED BUSINESS TAX RETURN  
GENERAL BUSINESS**

Mail Original To: NEVADA DEPARTMENT OF TAXATION  
PO BOX 52674  
PHOENIX AZ 85072-2674

Circuit City Stores West Coast  
PO Box 42304  
Richmond, VA 23242-2304

TID No:020-TX-

1000594378

FOR DEPARTMENT USE ONLY

Ending

12/31/08

Due on or before

02/02/09

Date paid

**IF POSTMARKED AFTER DUE DATE,  
PENALTY AND INTEREST WILL APPLY**

If the address as shown is incorrect, please make any  
corrections before mailing the return. Use the space on  
the left for these corrections.

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS  
QUARTER (Same amount as on Line 3 of ESD Form NUCS 4072)
2. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH  
BENEFITS PLAN
3. Line 1 minus Line 2
4. Offset Carried Forward from Previous Quarter
5. Line 3 minus Line 4
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here;  
if less than zero enter on Line 15)
7. CALCULATED TAX (0.63% or 0.0063 x Line 6)
8. CREDITS (Overpayments as determined by the Department)
9. NET TAX DUE (Line 7 minus Line 8)
10. PENALTY (LINE 9 x 0%)
11. INTEREST (LINE 9 x 1% x 0 MONTHS PAST DUE)
12. PREVIOUS DEBITS (Outstanding liabilities)
13. TOTAL AMOUNT DUE (Line 9 + Line 10 + Line 11 + Line 12)
14. AMOUNT PAID

1.	1,417,409.28
2.	84,134.28
3.	1,333,275.00
4.	
5.	1,333,275.00
6.	1,333,275.00
7.	8,399.63
8.	
9.	8,399.63
10.	
11.	
12.	
13.	8,399.63
14.	

15. CARRY FORWARD (If Line 5 is less than zero (0) enter  
amt. here. This Offset will be carried forward for the next quarter)

**MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS**

Signature <i>Bruce M. Williams</i>	Phone Number 704-646-2095	Date 02/02/2009	I hereby certify that this return, including any accompanying schedule and statements has been examined by me and to the best of my knowledge and belief is a true, correct and complete return <b>THIS</b> <b>RETURN MUST BE SIGNED</b>
Title Payroll Tax Analyst	FEIN of Business Named Above		



**CIRCUIT  
CITY.**

CIRCUIT CITY STORES, INC. (SU)  
8850 MAYLAND DRIVE  
RICHMOND, VA 23233  
(804) 418-8148  
VENDOR NUMBER: 0001005877

SUNTRUST BANK  
ATLANTA, GEORGIA

84-79  
611

CHECK NUMBER

0004604636

PAY Eight thousand nine hundred twenty nine and 68/100 Dollars

PAY EXACTLY

\*\*\*\*\*\$8,929.68

TO THE NEVADA DEPT OF TAXATION  
ORDER PO BOX 52674  
OF PHOENIX, AZ 85072-2674

DATE: 02/11/09

VOID IF OVER 90 DAYS

COA NUMBER 8800606660

*Michelle Mosier*  
VOID IF OVER \$200,000.00

⑈004604636⑈ ⑆061100790⑆ 8800606660⑈



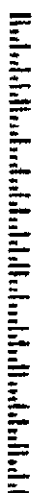
ENVELOPE



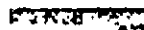
Circuit City Stores Inc.  
P.O. Box 563985  
Charlotte, NC 28256-3985

Nevada Dept. of Taxation  
P.O. Box 52674  
Phoenix, AZ 85072-2674

LX7UP11 65072



RESORTED  
CLASS

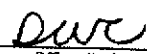


UNITED STATES POSTAGE  
\$00.394  
0034245017 FEE 17 2009  
MAILED FROM ZIP CODE 28262

#10R-CCP

**EXHIBIT E**

B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA		PROOF OF CLAIM
Name of Debtor: <b>Circuit City Stores West Coast, Inc</b>		Case Number: <b>08-35654 jointly under 08-35653</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>NEVADA DEPARTMENT OF TAXATION</b>		<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: <b>14551</b> (if known)  Filed on: <b>8/17/09</b>
Name and address where notices should be sent: <b>NEVADA DEPARTMENT OF TAXATION</b> Attn: Bankruptcy Section 555 E Washington Ave #1300 Las Vegas, NV 89101 Telephone number: (702) 486-2347		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Name and address where payments should be sent (if different from above): <b>NEVADA DEPARTMENT OF TAXATION</b> Attn: Bankruptcy Section 555 E Washington Ave #1300 Las Vegas, NV 89101 Telephone number: (702) 486-2347		
1. Amount of Claim as of Date Case Filed: <b>\$5,719.00</b>  If all or part of your claim is secured, complete item 4 below, however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if claim included interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim.  11. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  12. Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).  13. Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).  14. Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).  <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).  15. Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).  Amount entitled to priority:  <b>\$5,719.00</b>  <small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
2. Basis for Claim: <b>UNPAID TAX</b>  3. Last four digits of any number by which creditor identifies debt: <b>XX-XXX0785</b> Ja. Debtor may have scheduled account as:		15. Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).  Amount entitled to priority:  <b>\$5,719.00</b>  <small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
4. Secured Claim Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:  Value of Property: \$ (SEE SCHEDULES) Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____  Amount of Secured Claim: _____ Amount Unsecured: <b>\$0.00</b>		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase order, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary.  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:		
Date: <b>03/10/11</b>  Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  <div style="text-align: center;">                       _____                      David Wilcox, Revenue Officer II for Patti Taylor, Tax Administrator III                 </div>		FOR COURT USE ONLY

NEVADA DEPARTMENT OF TAXATION STATEMENT OF LIABILITY									
SAVE AS: 08-35654									
Debtor Address: 9260 SHERIDAN BLVD WESTMINSTER, CO 80031		BKY COURT EASTERN		STATE VIRGINIA		DIVISION			
F.T.I.D/DEBTOR: XX-XXX0786		NEVADA TAXPAYER ID # XXXXXX4378		(X) AMENDS >> Amended Claim# 14551 filed 8/17/09					
Circuit City Stores West Coast, Inc		MBT XXXXXX4378		Sales/Use Tax XXXXXX4378		RECORD AS OF 03/10/11 3/10/2011 10 04			
						BK- 08-35654 -lbr			
						Chapier CHP11			
						Petition Date: 11/10/08			
						Jointly under 08-35653			
						Converted To:			
						Conversion On:			
						Bky Status: Open			
						Our Claim # 3 New			
AUDIT - YES/NO NO		LIEN FILED:		Certificate		GOVT BAR 05/09/08			
Bond Forfeited		Claimed/Paid N/A		ACCT. STATUS Active/OB.					
LIABILITY CREATED BY TAXES NOT PAID		TAX PERIOD END DATE		TAX TO PETITION DATE		PENALTY TO PETITION DATE		INTEREST TO PETITION DATE	
ACCT STATUS TO PETITION 11/10/08		TAX POST PETITION		PENALTY POST PETITION		INTEREST POST PETITION		TOTAL DUE POST PETITION	
XXXXXX4378		Mod Bus Tax Quarterly		Circuit City Stores West Coast Inc		PM3 ___ PM7 ___ Cr'e ___ Pst ___ FM Zip ___ Bnd Cn ___ DD ___ Aud ___ TF ___			
Rtn'd Check Charges				25.00		25.00			
Filed, Not Paid 06/30/06		1,527.95		152.80		427.83		2,108.58	
" " " 09/30/06		5,880.86		588.07		68.61		7,615.34	
CREDIT on account after amended Modified Bus Tax returns filed									
		(3,188.05)		(863.87)		(4,029.92)			
TOTAL DUE		\$5,222.56		\$0.00		\$496.44		\$5,719.00	
Authority for claim		\$5,222.56		+ PREPETITION TAXES				SECURED PRE-TAXES	
NRS 360 300 Thru		\$496.44		+ PREPETITION INTEREST				SECURED PRE-INTEREST	
NRS 360 417 and/or		\$5,719.00		+ PREPETITION PRIORITY				SECURED PRIORITY	
NRS 360 297 and/or		\$0.00		+ PREPETITION NON-PRIORITY				SECURED NON-PRI	
NRS Ch 372 and/or		\$5,719.00		+ PREPETITION CLAIM				TOTAL	
NRS Ch 363B		\$5,719.00		= TOTAL CLAIM					

DWC  
David Wilcox, Revenue Officer I

CERTIFICATE OF SERVICE

I hereby certify that I am an employee of the Office of the Department of Taxation, State of Nevada, and that on the 10th day of March, 2011, I deposited for mailing a true and correct copy of the foregoing AMENDED PROOF OF CLAIM with the U.S. Postal Service, postage prepaid, to the following:

Circuit City Claims Processing Center  
c/o Kurtzman Carson Consultants LLC  
2335 Alaska Avenue  
El Segundo, CA 90245

DWC  
David Willcox,  
An Employee of the State of Nevada  
Department of Taxation

**EXHIBIT F**

**COPY**

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF VIRGINIA

In re: ) Case No.: 08-35654 jointly under 08-35653  
CIRCUIT CITY STORES WEST COAST INC ) Chapter 11  
Debtor. )

CLAIM FOR ADMINISTRATIVE EXPENSE<sup>1</sup>

Name of Creditor: State of Nevada Department of Taxation

Creditor Address: Att: Bankruptcy Section  
555 E. Washington Avenue #1300  
Las Vegas, Nevada 89101

Telephone: (702) 486-2347

Taxpayer Number: XXXXXX4378

Basis for Claim: Modified Business Tax: \$342.95  
Interest: \$27.44  
Penalty: \$34.30  
\*\* Total: \$404.69

Classification: Administrative Priority [11 U.S.C. § 503(b)]  
Payment of these taxes, interest and penalties is  
requested as an administrative expense.

Signature and Title: DWC  
David Willcox, Revenue Officer II  
for Jorge Pupo, Tax Program Supervisor III  
Nevada Department of Taxation

Payment Address: Creditor address, above.

Address for Notices or Objections regarding this claim:

Creditor address, above.

\*\* This claim is subject to amendment should additional liability be discovered.

<sup>1</sup> See 11 U.S.C. 503 (b) (1) (D) (providing, "governmental unit shall not be  
required to file a request for payment of administrative expense . . .").

**RECEIVED**

MAR 10 2010

Department of Taxation  
District III, Las Vegas

**RECEIVED**

MAR 08 2010

KURTZMAN CARSON CONSULTANTS

SAVE AS: 08-35654		<b>NEVADA DEPARTMENT OF TAXATION STATEMENT OF LIABILITY</b>								
		Debtor Address						BKCY COURT EASTERN	STATE VIRGINIA	DIVISION
F.T.I./DEBTOR:		XX-XXX0785		NEVADA TAXPAYER ID #				[ ] AMENDS >>		
CIRCUIT CITY STORES WEST COAST INC				MBT	Sales/Use Tax	Sales/Use/MBT	RECORD AS OF			
				XXXXXX4378			03/03/10 3/3/2010 10 27			
							BK- 08-35654			
							CHP11			
							11/10/08			
							jointly under 08-35653			
Use Note				LIEN FILED:		Converted To:				
AUDIT - YES/NO		NO				Conversion On:				
Bond Type/Am		Claimed/Paid		ACCT STATUS		Bkcy Status: Open				
		NA		Active/DB		Our Claim #: 1 New				
						GOV'T BAR 06/09/08				
LIABILITY CREATED BY TAXES NOT PAID	TAX PERIOD END DATE	TAX TO PETITION DATE	PENALTY TO PETITION DATE	INTEREST TO PETITION DATE	ACCT STATUS TO PETITION DATE	TAX POST PETITION	PENALTY POST PETITION	INTEREST POST PETITION	TOTAL DUE POST PETITION	
XXXXXX4378	Mod Bus Tax	Quarterly			11/10/08					
Find, Not Paid	08/30/08					342.95	34.30	27.44	404.69	
<b>TOTAL DUE</b>						<b>\$342.95</b>	<b>\$34.30</b>	<b>\$27.44</b>	<b>\$404.69</b>	

Authority for claim NRS 360 300 Thru NRS 360 417 and/or NRS 360 297 and/or NRS Ch. 372 and/or NRS Ch 363B	\$404.69 <b>\$404.69</b>	* PREPETITION TAXES * PREPETITION INTEREST * PREPETITION PRIORITY * PREPETITION NON-PRIORITY * PREPETITION CLAIM * TOTAL CLAIM	SECURED PRE-TAXES SECURED PRE-INTEREST SECURED PRIORITY SECURED NON-PRI TOTAL
--	-----------------------------	---	---

*DWC*  
 David Wilcox, Revenue Officer II



CERTIFICATE OF SERVICE

I hereby certify that I am an employee of the Office of the Department of Taxation, State of Nevada, and that on the 3rd day of March, 2010, I deposited for mailing a true and correct copy of the foregoing CLAIM FOR ADMINISTRATIVE EXPENSE with the U.S. Postal Service, postage prepaid, to the following:

Circuit City Stores Inc, et al  
Claims Processing Dept  
Kurtzman Carson Consultants LLC  
2335 Alaska Avenue  
El Segundo, CA 90245

DWT

An Employee of the State of Nevada  
Department of Taxation

Circuit City Stores, Claims Processing  
c/o Kurtzman C<sup>o</sup> in Consultants LLC  
2335 Alaska Ave  
El Segundo, CA 90245

FIRST CLASS  
US STAGE PAID  
EL SEGUNDO CA  
PERMIT NO. 45049

State of Nevada Department of Taxation  
Attn Bankruptcy Section  
555 E Washington Ave No 1300  
Las Vegas, NV 89101

**RECEIVED**

MAR 16 2010

**PROOF OF CLAIM CONFIRMATION**

Your proof of claim filed against Circuit City Stores West Coast, Inc.,  
case no 08-35654 was received on 3/8/2010  
and assigned claim number 14831

Department of Taxation  
District III, Las Vegas

For more information, please visit [www.kecllc.net/circuitcity](http://www.kecllc.net/circuitcity) or call 1-866-381-9100



UNITED STATES BANKRTUPCY COURT  
EASTERN DISTRICT OF VIRGINIA

In re: ) Case No.: 08-35654 jointly under 08-35653  
CIRCUIT CITY STORES WEST COAST INC ) Chapter 11  
Debtor. )

NOTICE OF ADMINISTRATIVE EXPENSE CLAIM WITHDRAWAL

The Nevada Department of Taxation hereby withdraws its administrative expense claim #  
14831 filed on March 8, 2010, in the amount of \$404.69.

DATED this 10th day of March, 2011.

**NEVADA DEPARTMENT OF TAXATION**

By: DWC  
David Willcox, Revenue Officer II  
for Jorge Pupo, Tax Program Supervisor III  
Nevada Department of Taxation  
555 E. Washington Avenue, Suite 1300  
Las Vegas, Nevada 89101  
(702) 486-2347

CERTIFICATE OF SERVICE

I hereby certify that I am an employee of the Office of the Department of Taxation, State of Nevada, and that on the 10<sup>th</sup> day of March, 2011, I deposited for mailing a true and correct copy of the foregoing NOTICE OF CLAIM WITHDRAWAL with the U.S. Postal Service, postage prepaid, to the following:

Circuit City Stores Claims Processing  
c/o Kurtzman Carson Consultants LLC  
2335 Alaska Ave  
El Segundo, CA 90245

DWC  
An Employee of the State of Nevada  
Department of Taxation

**EXHIBIT G**

576	MIKE OLSON TAX COLLECTOR PO Box 276 Dade City, FL 33526-0276	
1005	MILLER, LADONNA CARTER COUNTY TREASURER 20 B ST SW RM 104 ARDMORE OK 73401-6499	
13226	MILWAUKEE, CITY OF 200 EAST WELLS ST Milwaukee, WI 53202	
4733	MONTEREY COUNTY TAX COLLECTOR ATTN COLLECTORS OFFICE PO Box 891 Salinas, CA	
408	MONTGOMERY COUNTY	Linebarger Goggan Blair & Sampson LLP PO Box 3064 Houston, TX 77253-3064
9606	MONTGOMERY COUNTY MARYLAND 101 Monroe St 3rd Fl Rockville MD 20850	
3151	MONTGOMERY COUNTY TRUSTEE 350 Pageant Ln Ste 101 B Clarksville TN 37040	
15026	MONTGOMERY COUNTY TRUSTEE 350 Pageant Ln Ste 101 B Clarksville, TN 37040	
11818	MULTNOMAH COUNTY TAX PO Box 2716 Portland OR 97208-2716	
2260	MUSCOGEE COUNTY TAX COMMISSIONER PO Box 1441 Columbus, GA 31902-1441	
3514	NASH COUNTY TAX COLLECTOR 120 W Washington St Ste 2058 Nashville NC 27856	
11881	NEBRASKA DEPARTMENT OF REVENUE PO BOX 94818 Lincoln, NE 68509-4818	
14551	NEVADA DEPARTMENT OF TAXATION 555 E Washington Ave No 1300 Las Vegas, NV 89101	
14551	NEVADA DEPARTMENT OF TAXATION 555 E Washington Ave No 1300 Las Vegas, NV 89102	
3962	NEVADA STATE OF 555 E Washington Ave Ste 4200 Las Vegas, NV 89101-1070	

16-Jul-09	14504	CITY OF VIRGINIA BEACH Bankruptcy Records 2401 Courthouse Dr Virginia Beach, VA 23456-9018	Circuit City Stores, Inc.	A	19,923.49	6,614.17	Claim is for estimated Business License fees unsupported by Debtors' books and records
17-Aug-09	14551	NEVADA DEPARTMENT OF TAXATION 555 E Washington Ave No 1300 Las Vegas, NV 89101	Circuit City Stores West Coast, Inc.	P	434.57	Expunge	Debtor filed amended returns to correct this; claimant should have withdrawn this
17-Aug-09	14551	NEVADA DEPARTMENT OF TAXATION 555 E Washington Ave No 1300 Las Vegas, NV 89102	Circuit City Stores West Coast, Inc.	P	5,760.00	Expunge	Debtors' books and records reflect no liability
21-Aug-09	14557	COUNTY OF SANTA CLARA County Government Center, 6th Fl East Wing 70 West Hedding Street San Jose, CA 95110	CIRCUIT CITY STORES, INC.	A	17,133.64	Expunge	Underlying liability has already been reviewed under claim #1529
24-Aug-09	14560	SANTA CRUZ COUNTY TAX COLLECTOR 701 Ocean St, Rm 150 Santa Cruz, CA 95060	CIRCUIT CITY STORES, INC.	A	4,727.25	Expunge	Underlying liability has already been reviewed under claim #10454
03-Sep-09	14597	ORANGE COUNTY TREASURER TAX COLLECTOR Chris W Street PO Box 1436 Santa Ana, CA 92702-1438	CIRCUIT CITY STORES, INC.	S	92,356.18	Expunge	Underlying liability has already been reviewed under claim #11043
19-Oct-09	14684	HARFORD COUNTY MARYLAND 220 S Main St 1st Fl Bel Air, MD 21014	CIRCUIT CITY STORES, INC.	A	6,078.38	Expunge	Underlying liability has already been reviewed under claim #13384
04-Nov-09	14720	CITY OF SPRING HILL PO Box 458 Pulaski, TN 38478	Circuit City Stores, Inc.	P	23,533.29	5,652.90	Claim is for estimated Business License fees unsupported by Debtors' books and records
09-Nov-09	14738	LOS ANGELES CITY ATTORNEYS OFFICE 200 N main St Ste 920 Los Angeles, CA 90012	Circuit City Stores West Coast, Inc.	A	113,685.23	18,350.07	Claim is for estimated Business License fees unsupported by Debtors' books and records
04-Dec-09	14767	STATE OF MICHIGAN DEPARTMENT OF TREASURY Assistant Attorney General Cadillac Pl Ste 10 200 3030 W Grand Blvd Detroit, MI 48202	Circuit City Purchasing Company, LLC	A	343,500.36	Expunge	No liability, claim against Purchasing Company for periods when Purchasing Company was closed
01-Oct-09	14768	STATE OF MICHIGAN DEPARTMENT OF TREASURY Assistant Attorney General Cadillac Pl Ste 10 200 3030 W Grand Blvd Detroit, MI 48203	Circuit City Purchasing Company, LLC	A	238,745.12	Expunge	No liability, claim against Purchasing Company for periods when Purchasing Company was closed
09-Dec-09	14773	STATE OF MINNESOTA DEPARTMENT OF REVENUE Bankruptcy Division PO Box 64447 BKY St. Paul, MN 55164-0447	Circuit City Stores, Inc.	P	222,381.95	Expunge	Debtors' books and records reflect no liability
13-Jan-10	14805	GREENE COUNTY TREASURER 61 Greene St 2nd Fl Xenia, OH 45385	Circuit City Stores, Inc.	P	UNL	Expunge	Per backup on claim, debtor's books & records show no taxes owed